

STATE OF MAINE WATER WELL DRILLING COMMISSION 286 WATER STREET, 3rd FLOOR AUGUSTA MAINE 04333-0011

Jessica Bishop, Clerk (207) 287-5699 (voice) (207) 287-4172 (fax)

JOURNEYMAN PUMP INSTALLERS EXAMINATION APPLICATION

In accordance with 32 MRSA §4700-I sub-§§2.A the Maine Well Drillers Commission shall review this application to take the Journeyman Pump Installers written examination to determine that the applicant has been engaged in the trade as a Maine licensed Apprentice Pump Installer under the direct supervision of a licensed Master or Journeyman Pump Installer for at least one (1) year and has had at least three hundred fifty (350) hours of experience during that year. This application will be accepted and reviewed upon confirmation by the Commission clerk that it is complete. A complete application consists of the following:

Check List:

- □ A completed, **signed** application form.
- A completed work history form that clearly demonstrates the required experience and identifies the licensed Master Pump Installer(s) that supervised the applicant's work for the three years required.
- A minimum of three (3) completed references using the attached reference forms, one (1) reference must be from a licensed Master Pump Installer. References must be completed by the person providing the reference, signed and dated. No photo copies will be accepted.
- Copies of any installers licenses held either in Maine or from out of state.
- □ Copies of licenses held by persons completing references both from Maine or out of state.

Applications lacking any of the above if applicable will be returned.

Personal Information				
Name:				
Address:	Town:	State/Zip:		
Telephone: (home)	(business)			
E-Mail:	Date of Birth:			
Journeyman License Number:	Date 1st Received:_	Date Expires:		
Out of State License Number:	State of Issue:	Date Received:Date Expires:		

Application Review and Examination fee \$25.00. Please make check payable to "State Treasurer" and submit with completed application to:

Maine Well Drillers Commission Division of Environmental Health 286 Water Street 3rd Floor Augusta, Maine 04333-0011

Note: Exam questions are taken from the Water Systems Handbook, 12th edition, published by the Water Systems Council and the Well Drillers and Pump Installers Rules, 144A CMR 232. This book can be purchased through the Water Systems Council at www.watersystemscouncil.org. It may also be available at local or university libraries.

Work History (Required)

Instructions for completing the work history section: This section will be used to demonstrate that the required work experience has been completed. All of the positions held by the applicant that are being used to satisfy the experience requirement must be included in the work history section. Enough information must be provided for each position held to allow the Commission to confirm that the applicant has worked at least an average of 350 hours for at least 3 years as a Journeyman Pump Installer under the direct supervision of a Master Pump Installer or as an installer from an out of state firm. Please be specific and be sure that this work history is confirmed by your references.

Employer #1	Employer #2 (if required)	Employer #3 (if required)
Name:	Name:	Name:
Address:	Address:	Address:
Master Installer: Pump Installers License Number:	Master Installer:Pump Installers License Number:	Master Installer:Pump Installers License Number:
Phone #:	Phone #:	Phone #:
Dates Employed Installing Pumps: From To	Dates Employed Installing Pumps: From To	Dates Employed Installing Pumps: From To
Position/Duties:	Position/Duties:	Position/Duties:
curate. Maine law makes it ille false statements upon an appl course of their official duties, cuniary or other benefit. Unsw	edge, the information on this form gal for persons applying for a Dication with the intent to deceiver to create a false impression if orn Falsification is a Class Dimin, a fine of up to \$2,000, or both	epartmental license to make e department officials in the n a written application for pe- isdemeanor offense punishable
Signature:	Date:	
Printed Name:		